

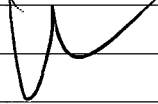
Work Order ID 122771

July-24-14 9:22:02 AM

122771

Page 1

Item ID: QC Assembly-FAI Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: QC Assembly-FAI
 Start Date: 7/24/14 Start Qty: 1.00 *1* Cust Item ID:
 Required Date: 7/24/14 Req'd Qty: 1.00 *1* Customer:
 Reference:

Approvals: Process Plan:  Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								

100

0.00

100

QC

Quality Control

Memo

ASSEMBLE FOR FIT VERIFICATION

0.00

DAS
16
9-89

14/07/29

FAIRING ASSEMBLY P/N 650.0401 TRIAL FITTED
 PUREAIR PANEL ASSEMBLY P/N QB21304 TRIAL FITTED
 SWIVEL NUT ~~ASSEMBLY~~ FITTING P/N D5110-1 TRIAL FITTED
 MOUNTING PLATE ASSEMBLY P/N D4925-041 TRIAL FITTED
 TRANSITION DUCT ASSEMBLY P/N QB21310 TRIAL FITTED
 FOD SCREEN ASSEMBLY P/N QB21308 TRIAL FITTED
 DUCT ASSEMBLY P/N D5090-041 TRIAL FITTED.

Q821004 EAP ASSY TRIAL FIT Hose P/D 4943-1
D5090-041 ASSY WITH Q805008 HOUSING ✓
D4925-041 WITH Q805008 HOUSING ✓
Q821008 SCREEN ASSY D5090-041 HOUSING

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	JULY 24	10		FOUND DURING TRIAL FITTING OF FAIRING ASSY P/N 650.0401 AND PUREAIR PANEL ASSEMBLY THAT THE TWO FORWARD HOLES DID NOT LINE UP WITH THE PURE AIR PANEL. FOUND HOLE LOCATION WAS NOT CONSISTANT. (VARIOUS PANELS TRIAL FITTED)					
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear	General	
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other